PTO/SB/22 (07-06)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				Docket Number (Optional) 7629		
						Application Number 10/626,412
For APPARATUS AND METHOD FOR SETTING AND MAINTAINING THE DIMENSIONS OF A DOOR FRAME						
Art Unit	3635			Examiner Jeanette	E. Chapman	
This is a requapplication.	uest ur	nder the provisions of 37 CFR 1.136(a) to ex	tend the period for filir	ng a reply in the above ic	lentified	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
	<u>Fee</u>			Small Entity Fee		
	$\boxtimes$	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>60.00</u>	
		Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
		Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
		Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
		Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Applicant claims small entity status. See 37 CFR 1.27.						
A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
☐ The D	☑ The Director has already been authorized to charge fees in this application to a Deposit Account.					
☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to						
Deposit Account Number <u>18-0882</u> . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the ☐ applicant/inventor.						
	□ assignee of record of the entire interest. See 37 CFR 3.71					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
☑ attorney or agent of record. Registration Number 30.662						
attorney or agent under 37 CFR 1.34.						
Registration number if acting under 37 CFR 1.34						
/Leslie S, Miller / November 30, 2006						
Signature				Date		
Leslie S. Miller				414-298-8321		
		Typed or printed name		Telephone Number		
		all the inventors or assignees of record of the entir are is required, see below.	e interest or their represe	ntative(s) are required. Sub	mit multiple forms if	
☐ Total o	-	forms are submitted.				

This collection of information is required by 37 CFR .138(a). The information is required to obtain or relain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This to file (and by the USPTO) to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, subut to sent to the Chef Information Ordifort, U.S. Patient and Tradentain Cfine, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 2313-1450. DO NOT SEND FEES OR COMPLETEDFORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Des 1450, Alexandria, V.A. 23213-1450. MW/1375-234.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.